



A Public Service Agency

APPLICATION FOR ORIGINAL OCCUPATIONAL LICENSE  
FOR REGISTRATION SERVICE  
(PART A)

DMV USE ONLY
OL LICENSE NUMBER

BUSINESS NAME	FULL BUSINESS NAME UNDER WHICH THE FIRM WILL BE DOING BUSINESS
APPLICANT'S NAME	APPLICANT'S TRUE FULL NAME (LAST, FIRST, MIDDLE)

OWNER'S INFORMATION	<b>CHECK APPROPRIATE BOX</b>		
	<input type="checkbox"/> I am the sole owner.		
	<input type="checkbox"/> We are co-partners and no other person is associated in the ownership of the business.		
	<input type="checkbox"/> This business is incorporated and is authorized by the California Secretary of State to transact business in California.		
	<b>List name and title of sole owner, each partner (designate whether general or limited), each principal corporate officer or stockholder participating in the direction, control and management of the policy of the business. If additional partners or officers, attach list.</b>		
	TRUE FULL NAME (LAST, FIRST, MIDDLE)	TITLE	"X" IF PRINCIPAL STOCKHOLDER

**PLEASE NOTE:** A Personal History Questionnaire (Part B) and fingerprint card must be completed for each individual listed above.

**The licensee is required to maintain an established place of business where all books and records relating to that business (main or branch office) are available for and open to inspection by any authorized departmental employee during regular business hours.**

**PRINT CURRENT BUSINESS ADDRESS(ES) AND PROPERTY INFORMATION. IF ADDITIONAL OFFICES, ATTACH LIST WITH APPROPRIATE INFORMATION.**

MAIN OFFICE	(NUMBER AND STREET)	CITY	ZIP	BUSINESS TELEPHONE NUMBER ( )
	PROPERTY OWNER'S TRUE FULL NAME	CITY	ZIP	OWNER'S TELEPHONE NUMBER ( )
	OWNER'S ADDRESS (NUMBER AND STREET)	CITY	ZIP	

**PLEASE NOTE:** A separate application is required to license any location operating under a different name or ownership.

BRANCH OFFICE 1	(NUMBER AND STREET)	CITY	ZIP	BUSINESS TELEPHONE NUMBER ( )
	PROPERTY OWNER'S TRUE FULL NAME	CITY	ZIP	OWNER'S TELEPHONE NUMBER ( )
	OWNER'S ADDRESS (NUMBER AND STREET)	CITY	ZIP	

BRANCH OFFICE 2	(NUMBER AND STREET)	CITY	ZIP	BUSINESS TELEPHONE NUMBER ( )
	PROPERTY OWNER'S TRUE FULL NAME	CITY	ZIP	OWNER'S TELEPHONE NUMBER ( )
	OWNER'S ADDRESS (NUMBER AND STREET)	CITY	ZIP	

BRANCH OFFICE 3	(NUMBER AND STREET)	CITY	ZIP	BUSINESS TELEPHONE NUMBER ( )
	PROPERTY OWNER'S TRUE FULL NAME	CITY	ZIP	OWNER'S TELEPHONE NUMBER ( )
	OWNER'S ADDRESS (NUMBER AND STREET)	CITY	ZIP	

**I certify under penalty of perjury under the laws of the State of California that the information entered by me on this document is true and correct.**

**Applicant's Initials** \_\_\_\_\_



						OL #	
						NAME	

<b>BUSINESS HOURS</b>	<b>The main and branch office(s) meet(s) local zoning requirements.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>All books/records relating to the business will be available and open for inspection during:</b> <b>HOURS:</b> OPEN _____ CLOSE _____ <b>DAYS:</b> _____						
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EMPLOYEE INFORMATION

<b>List all persons employed by the registration service to perform registration work. If there are additional employees, please attach list.</b>							
TRUE FULL NAME (LAST, FIRST, MIDDLE)					DRIVER LICENSE OR CALIF. ID NUMBER		STATE ISSUED
RESIDENCE ADDRESS (NUMBER AND STREET)					CITY		ZIP
BIRTH DATE	SEX	COLOR HAIR	COLOR EYES	HEIGHT	WEIGHT		
TRUE FULL NAME (LAST, FIRST, MIDDLE)					DRIVER LICENSE OR CALIF. ID NUMBER		STATE ISSUED
RESIDENCE ADDRESS (NUMBER AND STREET)					CITY		ZIP
BIRTH DATE	SEX	COLOR HAIR	COLOR EYES	HEIGHT	WEIGHT		
TRUE FULL NAME (LAST, FIRST, MIDDLE)					DRIVER LICENSE OR CALIF. ID NUMBER		STATE ISSUED
RESIDENCE ADDRESS (NUMBER AND STREET)					CITY		ZIP
BIRTH DATE	SEX	COLOR HAIR	COLOR EYES	HEIGHT	WEIGHT		
TRUE FULL NAME (LAST, FIRST, MIDDLE)					DRIVER LICENSE OR CALIF. ID NUMBER		STATE ISSUED
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RESIDENCE ADDRESS (NUMBER AND STREET)					CITY		ZIP
BIRTH DATE	SEX	COLOR HAIR	COLOR EYES	HEIGHT	WEIGHT		

<b>CERTIFICATION</b>	<b>I certify under penalty of perjury under the laws of the State of California that the foregoing information is true and correct and that I agree to notify the department in writing immediately of any change in location, ownership, or legal structure of this business and to submit new application papers properly reflecting the changes together with the required fees.</b>						
	DATE	SIGNATURE OF LICENSEE (SOLE OWNER, PARTNER, OR OFFICER OF CORPORATION ONLY)				TITLE	
		<b>X</b>					